



RECORD OF TRAINING

State Form 46455 (R / 12-07) / CW 0001
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS: In order to receive credit for this training, you **MUST**:

1. complete Part A prior to training; and
2. have conference/workshop registrar complete Part B at the training site.

NOTE: Caseworkers must also have the appropriate supervisory person complete Part C prior to distribution.

I hereby attest that I participated in the following training:		
Name of conference or workshop		Actual number of hours of participation
Location of conference or workshop (number and street, city, state, and ZIP code)		Number of credit hours *
Date(s) of conference or workshop (month, day, year)		* Based on: 1/2 day = 3 hours 1 day = 6 hours 2 days (or more) = 12 hours
From:	To:	
Signature of trainee	Printed name of trainee	Date (month, day, year)

Registration confirmed by:	
Signature of conference/workshop registrar	Date (month, day, year)

Conference / workshop attendance approved by:	
Signature	Date (month, day, year)
Title	County office

DISTRIBUTION: For Caseworkers - One copy to the Department of Child Services, Attention: Certification; One copy for your records

For Foster Parents - One copy to the District Designee, Attention: Foster Parent Training; One copy for your records